



NO-CONFLICT DISCLOSURE FORM

Project No.: 24-0332

Project Name: Self-Funded Health Plan – Stop-Loss Reinsurance Services

Type of Service: Insurance

Evaluator's Name: Hilda Salinas

Title/Position: Assistant Chief of Staff

Evaluated Firms:

1. Aetna
2. Frontier Health Access, LLC
3. _____

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

H. Salinas
Signature

11/07/24
Date



NO-CONFLICT DISCLOSURE FORM

Project No.: 24-0332

Project Name: Self-Funded Health Plan – Stop-Loss Reinsurance Services

Type of Service: Insurance

Evaluator's Name: Arnold Flores

Title/Position: Chief

Evaluated Firms:

1. Aetna
2. Frontier Health Access, LLC
3. _____

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Arnold RFR
Signature

10/24/2024
Date



NO-CONFLICT DISCLOSURE FORM

Project No.: 24-0332

Project Name: Self-Funded Health Plan – Stop-Loss Reinsurance Services

Type of Service: Insurance

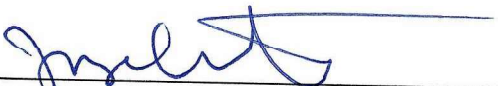
Evaluator's Name: Jorge Arcaute

Title/Position: Chief

Evaluated Firms:

1. Aetna
2. Frontier Health Access, LLC
3. _____

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.


Signature

11-7-24
Date



NO-CONFLICT DISCLOSURE FORM

Project No.: 24-0332

Project Name: Self-Funded Health Plan – Stop-Loss Reinsurance Services

Type of Service: Insurance

Evaluator's Name: Velinda Reyes

Title/Position: Chief Administrator for External Affairs

Evaluated Firms:

1. Aetna
2. Frontier Health Access, LLC
3. _____

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Velinda Reyes
Signature

11/6/24
Date